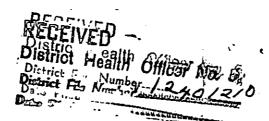
nt.	DEPARTMENT OF COMMERCE MISSOURI STATE B STANDARD CERTIF	
D 🔨 should si ry imports	Registration District No. 2018 Primary Registration District	ict No. 444 Registrar's No.
TRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORN of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS H in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very that it may be properly classified.	1. PLACE OF DEATH:  (a) County Renolds  (b) City or town Ellington, Mo  (if outside city or town limits, write "RURAL" and name of township)  (c) Name of hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State. M1880Ur1 (b) County Reynolds  Ellington  (c) City or town. (If outside city or town limits, write "RURAL")
	(If not in hospital or institution, write street number or location)  (d) Length of stay: In hospital or institution  In this community.  years, months or days)  (Specify whether	(d) Street No
	8. (a) PRINT Catherine Moore  8. (b) If veteran, 3. (c) Social Security No No. No.	MEDICAL CERTIFICATION NOV 20. DATE OF PEACH Month Salm year hour M.  21. I hereby certify that I attended the deceased from Oct 14, 19.3.9
	5. Color on 6. (a) Single, widowed, married, divorced  6. (b) Name of husband or wife 6. (c) Age of husband or wife years	that I last saw h. & alive on
	7. Birth date of deceased (Month) (Day) (Year)  8. AGE: 87 Months Days If less than one day	Due to advancing age
	9. Birthplace (City, town, or county) (State or foreign country)  10. Usual occupation Housewife	Other conditions for Themonia 3 says (Include pregnancy within 3 manths of death)
	11. Industry or business    Industry or business	Major findings: Of operations Of autopsy Of
	16. (a) Informant's own signature (b) Address	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide (specify)  (b) Date of occurrence
S.—Every item	17. (a) Burial (b) Date thereof 11/13/40 (Burial, cremation, or removal) Elling ton (Day) (Year)  (c) Place: burial or cremation Elling ton (Day) (Year)	(c) Where did injury occur?  (d) Did injury occur in or about home, on farm, in industrial place, in public place?  (Specify type of place)  (a) Means of injury  (b) Means of injury
N. B.	(b) Address  19. (a) Delta received local registrar) (b) English (Registrar's algnature)  (Licensed Embalmer's Sta	28. Signature F. Sugg M. M. D. or other)  Address & Lington fly Date signed /- //- 4  Itement on Reverse Side)  A. F. BUGG



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by......

working under my personal supervision.

Registered Apprentice No.....

Licensed Embalmer No. 4053

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.